



**CORE 40 AND ACADEMIC HONORS VERIFICATION FORM FOR THE FRANK O'BANNON GRANT PROGRAM**  
**2007- 08 ACADEMIC YEAR**  
**State Form 52021 (R3/7-06)**

STATE OF INDIANA  
STATE STUDENT ASSISTANCE COMMISSION OF INDIANA (SSACI)

**Parents should keep a copy of this form**

Students who file the 2007-2008 Free Application for Federal Student Aid (FAFSA) by the SSACI March 10, 2007 receipt date deadline and qualify for the need-based Frank O'Bannon Grant may receive additional need-based Frank O'Bannon Grant funds. In order to qualify, the student must earn the Core 40 (C40) Diploma with a cumulative grade point average of at least 2.0 on a 4.0 scale or earn the Academic Honors Diploma (AHD) with a cumulative grade point average of at least 3.0 on a 4.0 scale from an Indiana Department of Education accredited high school.

In addition to filing the 2007-2008 FAFSA by the March 10, 2007 receipt date deadline, completion of this verification form may be required by your child's high school to collect and release the necessary information to SSACI and the colleges and universities to which he or she has applied for admission and financial aid. This form must be completed and returned to your child's high school by \_\_\_\_\_. It is your responsibility to provide the correct information and meet all deadlines. Failure to do so will prevent your child from being considered for the additional C40 or AHD need-based Frank O'Bannon Grant funds, even if otherwise eligible.

After April 1, 2007 check your child's record at the SSACI eStudent web site, [www.ssaci.in.gov/estudent/](http://www.ssaci.in.gov/estudent/). Make sure your child's diploma status is correctly reported. If not, contact the high school guidance office. Also make sure the FAFSA is edit free for SSACI purposes. **It is the family's responsibility to file the 2007-2008 FAFSA by the March 10, 2007 receipt date deadline, correct SSACI edits by the June 11, 2007 correction receipt date deadline, and make sure the C40 or AHD information reported by the high school is correct.**

**Parent Release:** I authorize the release of my child's name, date of birth and Social Security Number to SSACI so that he or she can be considered for the additional C40 or AHD need-based Frank O'Bannon Grant funds. I understand that this information will be released to SSACI and qualified colleges and universities to determine financial aid eligibility. I also understand that SSACI will hold the information in the strictest confidence and security and it will not be used for any purpose other than that stated.

\_\_\_\_\_  
**Parent Signature** (Mandatory)

\_\_\_\_\_  
**Parent Name** (Please Print)

**Student Name,  
Social Security  
Number, and Date  
of Birth:**  
(Mandatory)

\_\_\_\_\_  
**Student Last Name** (as it appears on Social Security Card)

\_\_\_\_\_  
**Student First Name** (as it appears on Social Security Card)

Accuracy is  
important – check  
the student's social  
security card to be  
sure the correct SSN  
is provided

**PLEASE PRINT**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Student Social Security Number** (as it appears on Social Security Card)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Student Date of Birth** (MM/DD/CCYY as it appears on birth certificate)

**FOR MORE INFORMATION ABOUT STATE GRANT PROGRAMS, VISIT THE SSACI WEB SITE: <http://www.ssaci.IN.gov>**

**The following section to be completed by high school representative. This form to be kept on file at the high school and not returned to SSACI.**

**School Name:** \_\_\_\_\_

**Authorized  
Signature:**

*Based on seventh semester grades I certify that the C40 and AHD information submitted to SSACI is a true and accurate list of those students who are expected to graduate with either an Academic Honors Diploma with at least a 3.0 cumulative grade point average on a 4.0 scale; or a Core 40 Diploma with at least a 2.0 cumulative grade point average on a 4.0 scale.*

*I will modify the information sent to SSACI if the student's final grades reflect a different program (Core 40, AHD, or Neither) status than originally listed.*

\_\_\_\_\_  
**Name of Authorized School Representative**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Academic Honors  
Core 40 Verification  
Check only one**

☐

**Core 40**

☐

**Academic Honors**